

CLAIMS ONLY		Application Number <div style="font-size: 1.5em; font-family: cursive;">10/617922</div>	Filing Date.
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Filing Date.

Applicant(s)